

N THE MATTER OF

ELIEZER REYES CASTRO

xxx-xx-6685

DEBTOR(S)

CASE NO: 17-04962-ESL

**CHAPTER 13
ASSET CASE**

STATEMENT OF PURPOSE OF AMENDED SCHEDULES I AND J

TO THE HONORABLE COURT:

NOW COMES, debtors through the undersigned attorney and very respectfully pray and state as follows:

1. Amended Schedule I is submitted to reflect changes in Debtor's income.
2. Amended Schedule J is submitted to reflect changes in Debtor's monthly expenses: *personal care and clothing.*

WHEREFORE, the Debtors respectfully requests from this Honorable Court to take notice of the amended Schedules.

I HEREBY CERTIFY: that on this same date a copy of this Motion was electronically filed by debtors using the CM/ECF System which will send a notification to the standing Chapter 13 Trustee and to all registered interested parties. In addition, a copy of this motion was sent by debtor's attorney to the debtors at the address of record and to all other creditors and parties in interest appearing in the master address list not registered in CM/ECF.

RESPECTFULLY SUBMITTED

IN CAROLINA, PUERTO RICO, DECEMBER 1, 2017.

/s/Ramón F. López
RAMON F. LOPEZ, ESQ. (203813)
RAMON F. LOPEZ LAW OFFICES, P.S.C.
PO BOX 34173
FT. BUCHANAN, PR 00934
PHONE 276-0196
ramonlopezlaw@gmail.com

| | |
|---|----------------------|
| Fill in this information to identify your case: | |
| Debtor 1 | ELIEZER REYES CASTRO |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO | |
| Case number (if known) | 17-04962-ESL |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

Official Form 106I

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

| | Debtor 1 | Debtor 2 or non-filing spouse |
|--------------------|---|--|
| Employment status | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed | <input type="checkbox"/> Employed <input type="checkbox"/> Not employed |
| Occupation | GROUP MANAGER | |
| Employer's name | PREFERRED MORTGAGE CORP | |
| Employer's address | San Juan, PR 00918 | |

How long employed there? 7 YRS.

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-----------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u>4,274.78</u> | \$ <u>N/A</u> |
| 3. Estimate and list monthly overtime pay. | 3. +\$ <u>0.00</u> | +\$ <u>N/A</u> |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ <u>4,274.78</u> | \$ <u>N/A</u> |

Debtor 1 **ELIEZER REYES CASTRO**

Case number (if known)

17-04962-ESL

Copy line 4 here

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|----|--------------|-----------------------------------|
| 4. | \$ 4,274.78 | \$ N/A |

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions
 5b. Mandatory contributions for retirement plans
 5c. Voluntary contributions for retirement plans
 5d. Required repayments of retirement fund loans
 5e. Insurance
 5f. Domestic support obligations
 5g. Union dues
 5h. Other deductions. Specify: _____

| | | |
|------|-----------|----------|
| 5a. | \$ 754.49 | \$ N/A |
| 5b. | \$ 0.00 | \$ N/A |
| 5c. | \$ 0.00 | \$ N/A |
| 5d. | \$ 0.00 | \$ N/A |
| 5e. | \$ 0.00 | \$ N/A |
| 5f. | \$ 0.00 | \$ N/A |
| 5g. | \$ 0.00 | \$ N/A |
| 5h.+ | \$ 0.00 | + \$ N/A |

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. style="text-align: right;">\$ 754.49

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. style="text-align: right;">\$ 3,520.29

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm
 Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.
 8b. Interest and dividends
 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive
 Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.
 8d. Unemployment compensation
 8e. Social Security
 8f. Other government assistance that you regularly receive
 Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.
 Specify: _____
 8g. Pension or retirement income
 8h. Other monthly income. Specify: _____

| | | |
|------|-----------|----------|
| 8a. | \$ 754.17 | \$ N/A |
| 8b. | \$ 0.00 | \$ N/A |
| 8c. | \$ 0.00 | \$ N/A |
| 8d. | \$ 0.00 | \$ N/A |
| 8e. | \$ 0.00 | \$ N/A |
| 8f. | \$ 0.00 | \$ N/A |
| 8g. | \$ 0.00 | \$ N/A |
| 8h.+ | \$ 0.00 | + \$ N/A |

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. style="text-align: right;">\$ 754.17

10. Calculate monthly income. Add line 7 + line 9.

10. style="text-align: right;">\$ 4,274.46 + \$ N/A = \$ 4,274.46

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.
 Specify: _____

11. +\$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.
 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12. style="text-align: right;">\$ 4,274.46

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

 No. Yes. Explain: **Debtor receives a disability compensation of \$654 from the Department of Veterans Affairs.**

Fill in this information to identify your case:

| | |
|---|--------------------------------|
| Debtor 1 | ELIEZER REYES CASTRO |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: | DISTRICT OF PUERTO RICO |
| Case number (If known) | 17-04962-ESL |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 839.00

If not included in line 4:

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 75.00

4d. \$ 0.00

5. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

Debtor 1 **ELIEZER REYES CASTRO**

Case number (if known)

17-04962-ESL

| | | |
|--|------------------------------------|---------------------|
| 6. Utilities: | 6a. Electricity, heat, natural gas | 6a. \$ 75.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ 40.00 | |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ 200.00 | |
| 6d. Other. Specify: GAS | 6d. \$ 8.00 | |
| 7. Food and housekeeping supplies | 7. \$ 250.00 | |
| 8. Childcare and children's education costs | 8. \$ 0.00 | |
| 9. Clothing, laundry, and dry cleaning | 9. \$ 35.00 | |
| 10. Personal care products and services | 10. \$ 23.00 | |
| 11. Medical and dental expenses | 11. \$ 200.00 | |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ 700.00 | |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ 75.00 | |
| 14. Charitable contributions and religious donations | 14. \$ 30.00 | |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ 0.00 | |
| 15b. Health insurance | 15b. \$ 0.00 | |
| 15c. Vehicle insurance | 15c. \$ 33.00 | |
| 15d. Other insurance. Specify: CANCER INSURANCE | 15d. \$ 65.00 | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. \$ 0.00 | |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ 866.00 | |
| 17b. Car payments for Vehicle 2 | 17b. \$ 0.00 | |
| 17c. Other. Specify: ALARM | 17c. \$ 56.00 | |
| 17d. Other. Specify: | 17d. \$ 0.00 | |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ 0.00 | |
| 19. Other payments you make to support others who do not live with you. Specify: Family help to partner and sister | \$ 275.00 | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ 0.00 | |
| 20b. Real estate taxes | 20b. \$ 0.00 | |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ 0.00 | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ 0.00 | |
| 20e. Homeowner's association or condominium dues | 20e. \$ 0.00 | |
| 21. Other: Specify: CONTINED EDUCATION REQUIREMENT | 21. +\$ 164.00 | |
| 22. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ 4,009.00 | |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ 4,009.00 | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | | |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ 4,274.46 | |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ 4,009.00 | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. \$ 265.46 | |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |

 No. Yes.

Explain here: _____

| | | | |
|--|-----------------------------|-------------|-----------|
| Fill in this information to identify your case: | | | |
| Debtor 1 | ELIEZER REYES CASTRO | | |
| First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO | | | |
| Case number (if known) | 17-04962-ESL | | |

■ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

■ No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ ELIEZER REYES CASTRO
ELIEZER REYES CASTRO
Signature of Debtor 1

Signature of Debtor 2

Date December 1, 2017

Date

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17-04962-ESL13 ELIEZER REYES CASTRO

Case type: bk **Chapter:** 13 **Asset:** Yes **Vol:** v **Bankruptcy Judge:** ENRIQUE S. LAMOUTTE INCLAN

Date filed: 07/13/2017 **Date of last filing:** 10/25/2017

Creditors

| | |
|---|-------------------|
| BANCO POPULAR PO BOX 362708 San Juan, PR 00936-2708 | (4495987) (cr) |
| BANCO POPULAR DE PUERTO RICO SERVICER FOR GINNIE MAE I MORTGAGE SERVICING DEPARTMENT PO BOX 362708 SAN JUAN, PR 00936-2708 | (4511250) (cr) |
| BEST BUY PO BOX 78009 Phoenix, AZ 85062 | (4495988) (cr) |
| CHASE PO BOX 15123 Wilmington, DE 19850 | (4495989) (cr) |
| CITI PO BOX 6004 Sioux Falls, SD 57117 | (4495990) (cr) |
| Citibank, N.A. 701 East 60th Street North Sioux Falls, SD 57117 | (4527269) (cr) |
| COMENITY CAPITAL BANK C/O Weinstein & Riley P.S. 2001 Western Ave Ste. 400 Seattle, WA 98121 | (4529993) (cr) |
| DEPARTAMENTO DE HACIENDA PO BOX 9024140 San Juan, PR 00902-4140 | (4495991) (cr) |
| DEPARTMENT OF TREASURY BANKRUPTCY SECTION 424 B PO BOX 9024140 SAN JUAN, PR 00902-4140 | (4532746) (cr) |
| INTERNAL REVENUE SERVICE PO BOX 7346 Philadelphia, PA 19101-7346 | (4495992) (cr) |
| MACYS PO BOX 78008 Phoenix, AZ 85062 | (4495993) (cr) |

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ORIENTAL BANK

Centralized Collections Unit (4495994)
BOX 364745, (cr)
SAN JUAN, P.R. 00936-4745

PAYPAL CREDIT

PO BOX 105658 (4495995)
Atlanta, GA 30348 (cr)

PENDFED

PO BOX 247080 (4495996)
Omaha, NE 68124 (cr)

PENTAGON FEDERAL CREDIT UNION

PO BOX 456 (4495997)
Alexandria, VA 22313 (cr)

PENTAGON FEDERAL CREDIT UNION

PO BOX 1432 (4506108)
ALEXANDRIA, VA 22313 (cr)

POPULAR AUTO

PO BOX 15011 (4495999)
San Juan, PR 00902-8511 (cr)

POPULAR AUTO

PO BOX 15011 (4495998)
San Juan, PR 00902-8511 (cr)

POPULAR AUTO

BANKRUPTCY DEPARTMENT (4501316)
PO BOX 366818 (cr)
SAN JUAN PUERTO RICO 00936-6818

Quantum3 Group LLC as agent for

MOMA Funding LLC (4522208)
PO Box 788 (cr)
Kirkland, WA 98083-0788

SEARS

PO BOX 78051 (4496000)
Phoenix, AZ 85062 (cr)

SYNCHRONY BANK

PO BOX 960061 (4496001)
Orlando, FL 32896 (cr)

SYNCHRONY BANK

PO BOX 960090 (4496002)
Orlando, FL 32896 (cr)

T-MOBILE

654 AVE MUÑOZ RIVERA (4496003)
SUITE 2000 (cr)
San Juan, PR 00918

WYNDHAM

6277 SEA HARBOR (4496004)
(cr)

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Orlando, FL 32821

| PACER Service Center | | | |
|------------------------|--------------------|-------------------------|--------------------------------------|
| Transaction Receipt | | | |
| 12/01/2017 16:57:12 | | | |
| PACER Login: | ramon123:2700030:0 | Client Code: | |
| Description: | Creditor List | Search Criteria: | 17-04962-ESL13 Creditor Type: All |
| Billable Pages: | 1 | Cost: | 0.10 |